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Bib Data Sheet

CONFIRMATION NO. 8633

|                             |                                       |              |                        |                                    |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER<br>10/795,970 | FILING DATE<br>03/08/2004<br><br>RULE | CLASS<br>604 | GROUP ART UNIT<br>3767 | ATTORNEY<br>DOCKET NO.<br>4171/8/1 |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/452,981 03/07/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/26/2004

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>NJ | SHEETS<br>DRAWING<br>8 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |                           |                        |                       |                            |

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## TITLE

Safety syringe with cap holding device

|                                   |   |  |
|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |